542-140-0014-A

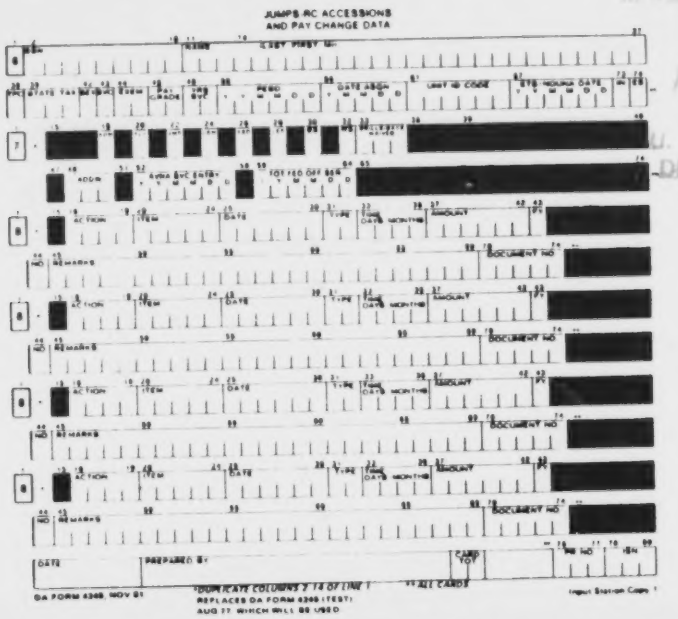
D101.6/7:542-140-0014-A

PREPARING DA FORM 4245

Initial Load on the "6" Card

TEC Lesson 542-140-0014-A

best copy available



Produced by
ARMY RESERVE
READINESS TRAINING CENTER
FORT McCOY, WISCONSIN

STUDENT/SUPERVISOR INSTRUCTIONS, PRE-TEST/POST-TEST, AND ANSWER KEY ARE CONTAINED IN THIS BOOK

MAY 1985

D101.6/7:

If you have any questions or comments concerning the TEC Lesson, address them to:

Commandant
Army Reserve Readiness Training Center
ATTN: AFYB-TD
Fort McCoy, WI 54656-5000

READ THE STUDENT/SUPERVISOR INSTRUCTIONS CAREFULLY. BE SURE YOU UNDERSTAND THEM COMPLETELY BEFORE BEGINNING THE LESSON. PLEASE DO NOT WRITE IN THIS BOOK.

The words "he," "his," and "men," when used in this publication, represent both the masculine and feminine genders, unless otherwise stated.

STUDENT/SUPERVISOR INSTRUCTIONS

TYPE OF LESSON

Administrative

AUDIENCE

USAR Full-Time Unit Support (FTUS) Personnel
Unit Technicians
MOS 71L, 75B--Premobilization

TRAINING OBJECTIVES

Soldiers completing this lesson should be able to complete the "6" card section of DA Form 4245 and determine which source documents provide data for the "6" card.

MATERIAL/EQUIPMENT REQUIRED

Lesson booklet

Three copies of DA Form 4245

Pencil

TIME REQUIRED

One hour

REFERENCES

AR 37-104-10

READEX FICHE

STUDENT/SUPERVISOR INSTRUCTIONS

STUDENT INSTRUCTIONS

Take the Pre-Test/Post-Test. If you pass, you do not have to take the lesson.

Make sure you have the material required to complete the lesson.

Take the lesson. Use a blank DA Form 4245 or photocopies. Do not write in this book.

When you complete the lesson, take the Pre-Test/Post-Test again. If you do not pass, take the lesson again.

This lesson on the DA Form 4245 is the first in a series of three lessons explaining the initial load.

SUPERVISOR INSTRUCTIONS

Administer the Pre-Test/Post-Test to determine need for the lesson. Responses to test questions must be made on a blank DA Form 4245 or a photocopy, not in the lesson book. Make sure students have 3 copies of DA Form 4245 to use to complete the lesson. To pass the Pre-Test/Post-Test, a soldier must answer 8 of the 10 test items correctly.

Administer the lesson to students who do not pass the Pre-Test/Post-Test. Remind them to write their responses to the exercises on a blank DA Form 4245 and not in the lesson book.

Administer the Pre-Test/Post-Test to students who complete the lesson. Students who do not pass must take the lesson again.

DA FORM 4245
The "6" Card

This test consists of completing the "6" card section of DA Form 4245 (JUMPS-RC Accessions and Pay Change Data). You will need a blank DA Form 4245 and a pencil or pen. You may use AR 37-104-10 as a reference. After completing this test, check your answers against the "Pre/Post-Test Answer Key" at the end of the lesson. The test has a total value of 10 points. If you do not get at least 8 points, take the lesson. Write your responses on a blank DA Form 4245. DO NOT WRITE IN THIS BOOK.

Complete an initial load on the "6" card section of DA Form 4245. Use the source documents provided.

1. Using the information in Figure 1, below, enter the individual's social security number, name, and Training Pay Category into card columns 2-38 of your "6" card.

DEPARTMENT OF THE ARMY
OFFICE OF THE ADJUTANT GENERAL
US ARMY RESERVE COMPONENTS PERSONNEL AND ADMINISTRATION CENTER
ST LOUIS, MISSOURI 63132

AGUZ-PMTD-A
ORDERS 12-12345

6 JANUARY 1985

MEYER, PETER JOHN
Box 119, Meadowview Lane
Menomonie, WI 54751

123-34-8179 CPT 218
USAR Control Gp (Reinf)

YOU ARE REASSIGNED IN THE RESERVE AS INDICATED BELOW:

AUTHORITY: PARA 2-2, AR 140-10
RELIEVED FROM: USAR CONTROL GROUP REINFORCEMENT
REASON: VOLUNTARY
ASSIGNED TO: HHC, 793d ENGN BN (CBT) (CORPS) (WRJ5TO) EAU CLAIRE, WI 54701
EFFECTIVE DATE: 6 JANUARY 1985
ADDITIONAL INSTRUCTIONS: SECURITY CLEARANCE: SECRET
FORMAT: 450

TAG RCPAC
OFFICIAL

ROBERT S. YOUNG
BRIGADIER GENERAL, USA
Commanding

DISTRIBUTION: G3 1 CG 12 US ARMY
1 HHC 793d ENGN BN (CBT) (CORPS) EAU CLAIRE WI 54701 (WRJ5TO)

Figure 1

2. Using the form shown below, enter the State Tax information in card columns 39-41 of your "6" card.

STATE OF LEGAL RESIDENCE CERTIFICATE

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY	Tax Reform Act of 1976, Public Law 94–455.
PURPOSE	Information is required for determining the correct State of legal residence for purposes of withholding State income taxes from military pay.
ROUTINE USES	Information herein will be furnished State authorities and to Members of Congress.
MANDATORY OR VOLUNTARY DISCLOSURE	Disclosure is voluntary. If not provided, State income taxes will be withheld based on the tax laws of the State previously certified as your legal residence, or in the absence of a prior certification, the tax laws of the applicable State based on your home of record.

NAME (Last, first, middle initial)	SOCIAL SECURITY NUMBER (SSN)
MEYER, PETER J.	123-34-8179

LEGAL RESIDENCE/DOMICILE (City or county and State)

Menomonie, WI 54751

INSTRUCTIONS FOR CERTIFICATE OF LEGAL RESIDENCE

SIGNATURE	CURRENT MAILING ADDRESS (Include ZIP Code)	DATE
Peter J. Meyer	Box 119, Meadowview Lane Menomonie, WI 54751	6 Jan 85

DD FORM 1 FEB 74 2058

Figure 2

3. Using information from Figure 1, page 4, and from Figure 3, below, complete card columns 42-45 of your "6" card.

Form W-4 (Rev. January 1983)

Department of the Treasury—Internal Revenue Service

Employee's Withholding Allowance Certificate

OMB No. 1545-0010
Expires 8-31-85

1 Type or print your full name: PETER JOHN MEYER

2 Your social security number: 123-34-8179

Home address (number and street or rural route): Box 119, Meadowview Lane

3 Marital Status: ☐ Single ☒ Married ☐ Married, but withhold at higher Single rate

Note: If married, but legally separated, or spouse is a nonresident alien, check the Single box.

City or town, State, and ZIP code: Menomonie, WI 54751

4 Total number of allowances you are claiming (from line F of the worksheet on page 2) 0

5 Additional amount, if any, you want deducted from each pay . . . . . $ 35.00

6 I claim exemption from withholding because (see instructions and check boxes below that apply):

a ☐ Last year I did not owe any Federal income tax and had a right to a full refund of ALL income tax withheld, AND

b ☐ This year I do not expect to owe any Federal income tax and expect to have a right to a full refund of ALL income tax withheld. If both a and b apply, enter the year effective and "EXEMPT" here . . . ▶ Year

c If you entered "EXEMPT" on line 6b, are you a full-time student? . . . . . ☐ Yes ☐ No

Under the penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or if claiming exemption from withholding, that I am entitled to claim the exempt status.

Employee's signature ▶ Peter J. Meyer Date ▶ 6 January 19 85

7 Employer's name and address (Employer: Complete 7, 8, and 9 only if sending to IRS)

8 Office code

9 Employer identification number

Figure 3

4. Record PAY GRADE in columns 46-47 and YRS SVC in columns 48-49. Get the data from Figure 1 on page 4 and Figure 4 below.

STATEMENT OF SERVICE - FOR COMPUTATION OF LENGTH OF SERVICE FOR PAY PURPOSES

For use of this form, see AR 37-104-3; the proponent agency is Office of the Comptroller of the Army.

LAST NAME - FIRST NAME - MIDDLE INITIAL: **Meyer, Peter J.**

SOCIAL SECURITY NUMBER: [illegible]

COMPLETE MAILING ADDRESS OF: (Unit Personnel Officer, if member on AD; Unit Commander, if member on ACDUTRA)

I have held a commission, appointment as commissioned warrant officer, warrant officer, flight officer, or Army field clerk, or have been enlisted as a member of the respective service(s) shown below for the inclusive periods indicated. All National Guard service claimed hereon was federally recognized; it was not in the inactive National Guard; all officers training camp service was in the capacity of an enlisted person and all initial appointments are shown from the date of acceptance.

SERVICE (Army, Air Force, Navy, etc.)	CHECK ENL	CHECK COM	FROM YEAR	FROM MONTH	FROM DAY	TO YEAR	TO MONTH	TO DAY	COMPUTATION YEARS	COMPUTATION MONTHS	COMPUTATION DAYS
U.S. Army	x		70	10	15	75	01	10			
U.S. Army		x	75	01	11	77	11	30			
U.S. Army Reserve		x	77	12	01	Present					

[illegible] SERVICE CREDIT [illegible]

DATE | AUTHENTICATION

DA FORM 1 FEB 73 1506 EDITION OF 1 MAY 61 IS OBSOLETE. USAPSA 1

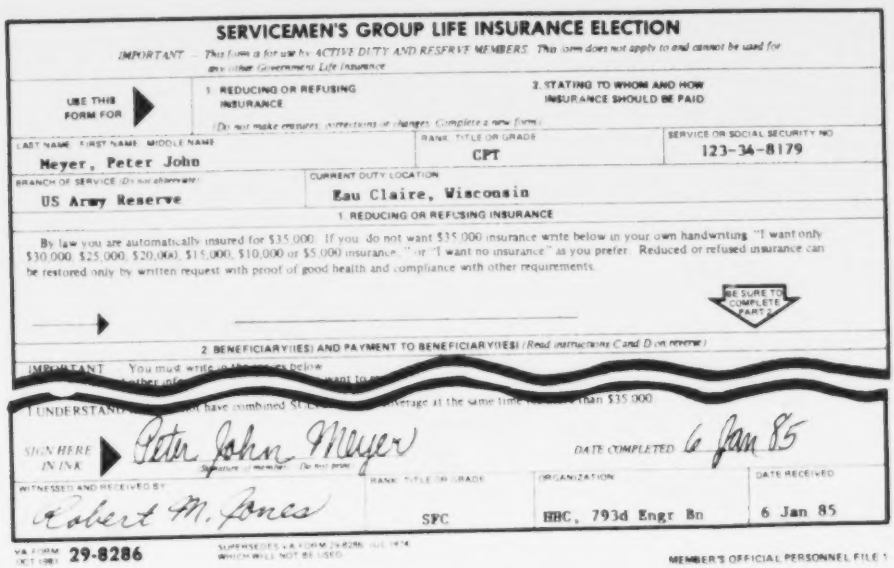
Figure 4

5. Complete columns 50-55 (PEBD) and columns 56-60 (DATE ASGN). Use Figure 1 on page 4 and Figure 4 above.

6. In columns 61-66, enter the UNIT ID CODE. Obtain the data from Figure 1, page 4. Note: the last figure is a Ø not an O.

7. Complete columns 67-72, ETS/NOUNA DATE. Obtain the data from Figure 1, page 4.

8. Refer to Figure 5, below, and enter the correct Insurance (IN) code in column 73. Captain Meyer is a salesman for a private manufacturing company--enter his Employment Status (ES) code in column 74.



SERVICEMEN'S GROUP LIFE INSURANCE ELECTION

IMPORTANT — This form is for use by ACTIVE DUTY AND RESERVE MEMBERS. This form does not apply to and cannot be used for any other Government Life Insurance.

USE THIS FORM FOR ▶ 1. REDUCING OR REFUSING INSURANCE 2. STATING TO WHOM AND HOW INSURANCE SHOULD BE PAID

(Do not make erasures, corrections or changes. Complete a new form.)

LAST NAME, FIRST NAME, MIDDLE NAME	RANK, TITLE OR GRADE	SERVICE OR SOCIAL SECURITY NO
Meyer, Peter John	CPT	123-34-8179

BRANCH OF SERVICE *(Do not abbreviate)*	CURRENT DUTY LOCATION
US Army Reserve	Eau Claire, Wisconsin

1. REDUCING OR REFUSING INSURANCE

By law you are automatically insured for $35,000. If you do not want $35,000 insurance write below in your own handwriting "I want only $30,000, $25,000, $20,000, $15,000, $10,000 or $5,000 insurance," or "I want no insurance" as you prefer. Reduced or refused insurance can be restored only by written request with proof of good health and compliance with other requirements.

BE SURE TO COMPLETE PART 2

2. BENEFICIARY(IES) AND PAYMENT TO BENEFICIARY(IES) *(Read instructions Card D on reverse)*

IMPORTANT — You must write in the spaces below ... want to ...

I UNDERSTAND ... have combined SGLI ... coverage at the same time ... than $35,000.

SIGN HERE IN INK ▶ Peter John Meyer *(Signature of member. Do not print.)* DATE COMPLETED 6 Jan 85

WITNESSED AND RECEIVED BY	RANK, TITLE OR GRADE	ORGANIZATION	DATE RECEIVED
Robert M. Jones	SPC	HHC, 793d Engr Bn	6 Jan 85

VA FORM OCT 1981 **29-8286** SUPERSEDES VA FORM 29-8286, OCT 1974, WHICH WILL NOT BE USED.

MEMBER'S OFFICIAL PERSONNEL FILE

Figure 5

9. Enter today's date, your name, and the card total into the blocks at the bottom of your form.

10. The Unit Payroll Number is 855; the Input Station Number is 876. Enter that information into card columns 75-80 of your form.

INTRODUCTION

The DA Form 4245, JUMPS-RC Accessions and Pay Change Data, is an integral part of the Reserve Component Master Pay File (RCMPF). The DA Form 4245 is used to establish the pay account of a new member. This is what is meant by the term "initial load." Although this TEC Lesson explains only the initial load of the DA Form 4245, the Form is also used to change the data in the RCMPF account of a current member. Current members who transfer from one unit to another are not considered "initial loads" by the receiving unit: Transfers already have RCMPF accounts. An initial load is done only for new members of the USAR.

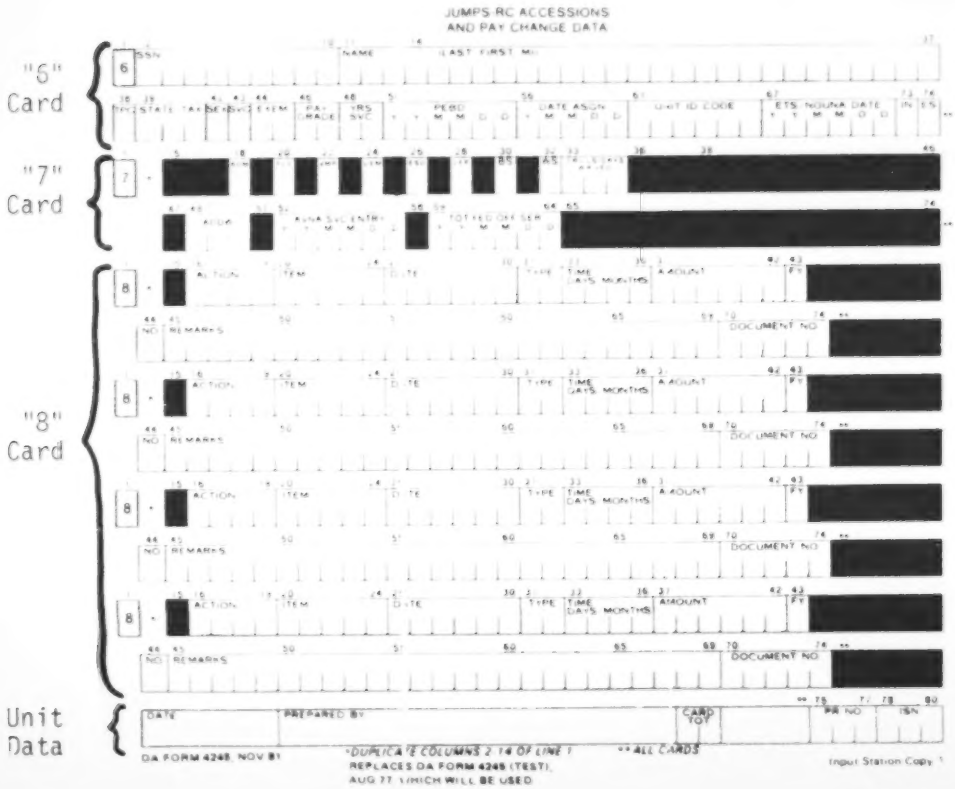
The DA Form 4245 is also known as the Keypunch Guide Form (KGF). It contains three basic sections: the "6" card; the "7" card; and the "8" card. This TEC Lesson explains how to prepare the "6" card section. TEC Lesson 542-140-0015-A explains how to prepare the "7" card, and TEC Lesson 542-140-0016-A explains how to prepare the "8" card for an initial load.

TEC LESSON

The DA Form 4245, JUMPS-RC Accessions and Pay Change Data, is used for an "initial load" of a USAR TPU member onto a computerized pay system. The term "initial load" means that information about the member is taken from the DA 4245 and "loaded" or keypunched into the computer. The computer's records contain the Reserve Component Master Pay File (RCMPF)--a listing of the pay accounts of all RC members.

This transferring or "loading" of information is initially done when a new person joins a TPU. Information is gathered from the member's personnel records and entered onto the DA 4245, the Keypunch Guide Form (KPG).

After a member performs Inactive Duty Training (IDT), the RCMPF is accessed and payment for the IDT is forwarded to the member. Proper payment depends upon an error-free DA Form 4245. All three sections--the "6," "7," and "8" cards-- must be prepared accurately. Look at the DA 4245 shown below. Each of the sections are labelled.



The first section of the DA Form 4245 is the "6" card. It is used for personal identification and other crucial pay data.

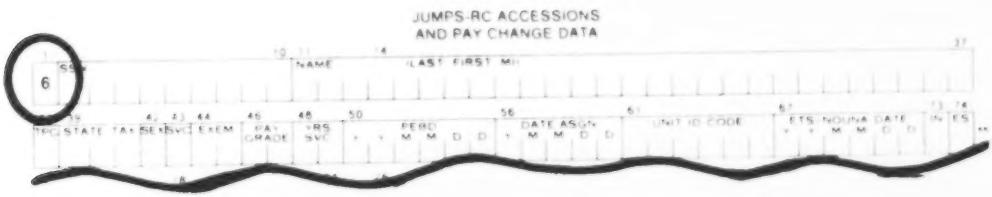
The second section is the "7" card. It indicates entitlements for incentive pay, waivers of benefits, or additional tax withholding. TEC Lesson 542-140-0015-A provides information on how to record data on the "7" card for an initial load.

An initial load of the third section, the "8" card, involves recording information about where to send a member's pay. Pay is either sent directly to a financial institution via Electronic Fund Transfer (EFT), or a paycheck is mailed to a specified address. Other TEC Lessons explain how to use the "8" card to add, change, or delete data on an existing account.

COMPLETING THE "6" CARD

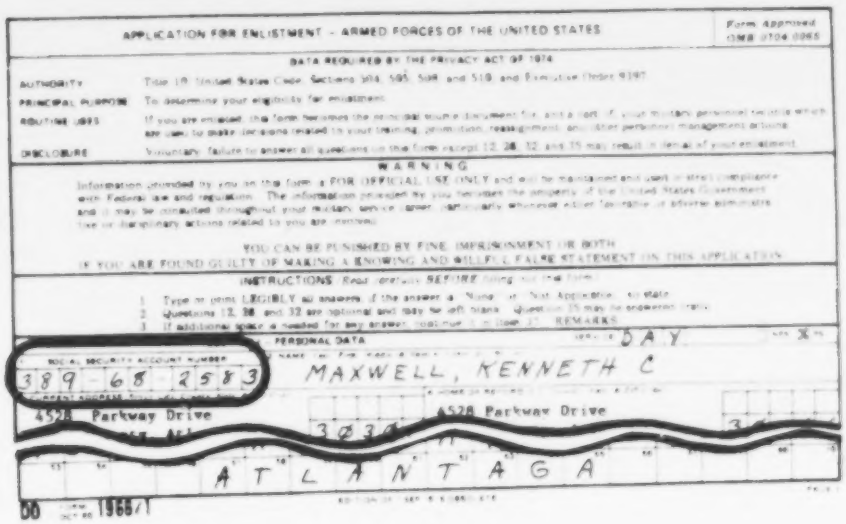
Before you get started, look at the "6" card illustrated below. Notice that each of the individual "blocks" are numbered, one through seventy-four. Each individual block is called a "card column." A member's social security number (SSN), for example, is entered into card columns 2 through 10. The preprinted "6" in card column 1 is a "Card Code" which identifies this section of the DA Form 4245 as the "6-Card."

The data entered into the "6" card identifies the member and provides other essential pay information.



The first entry on the "6" card is the individual's Social Security Number (SSN). The SSN is entered in card columns 2-10, SSN. In the example on the following page, the social security number has been

posted from the Enlistment Contract (DD Form 1966/1) to the "6" card.


APPLICATION FOR ENLISTMENT - ARMED FORCES OF THE UNITED STATES

Form Approved OMB 0704-0065

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 10, United States Code, Sections 504, 505, 508 and 510, and Executive Order 9397

PRINCIPAL PURPOSE: To determine your eligibility for enlistment.

ROUTINE USES: If you are enlisted, this form becomes the principal source document for, and a part of, your military personnel records which are used to make decisions related to your training, promotion, reassignment, and other personnel management actions.

DISCLOSURE: Voluntary; failure to answer all questions on this form except 12, 28, 32, and 35 may result in denial of your enlistment.

WARNING

Information provided by you on this form is FOR OFFICIAL USE ONLY and will be maintained and used in strict compliance with Federal law and regulation. The information provided by you becomes the property of the United States Government and it may be consulted throughout your military service career, particularly whenever other derogative or adverse administrative or disciplinary actions related to you are involved.

YOU CAN BE PUNISHED BY FINE, IMPRISONMENT OR BOTH IF YOU ARE FOUND GUILTY OF MAKING A KNOWING AND WILLFUL FALSE STATEMENT ON THIS APPLICATION.

INSTRUCTIONS: Read carefully BEFORE filling out the form.

1. Type or print LEGIBLY all answers. If the answer is "None" or "Not Applicable," so state.
2. Questions 12, 28, and 32 are optional and may be left blank. Question 35 may be answered "NO."
3. If additional space is needed for any answer, continue in item 37, REMARKS.

PERSONAL DATA

SOCIAL SECURITY ACCOUNT NUMBER: 389 68 2583

NAME (Last, First, Middle): MAXWELL, KENNETH C

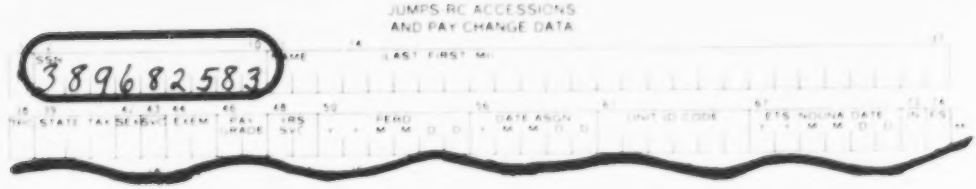
DAY

4528 Parkway Drive

4528 Parkway Drive

ATLANTAGA

DD 1966/1



Complete your "6" card as you go through this lesson. Copy Maxwell's SSN into card columns 2-10 of your form.

In card columns 11-37, NAME, enter the member's name in the following order: last name, first name or initial, and middle initial. Leave a space between the last name and first name and middle initial. See the correct entry of the name posted from DD Form 1966/1 into the correct columns on the "6" card on the following page.

APPLICATION FOR ENLISTMENT – ARMED FORCES OF THE UNITED STATES

Form Approved
OMB 0704-0065

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 10, United States Code, Sections 504, 505, 508, and 510, and Executive Order 9397.

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DISCLOSURE: Voluntary; failure to answer all questions on this form except 12, 28, 32, and 35 may result in denial of your enlistment.

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INSTRUCTIONS (*Read carefully BEFORE filling out this form.*)

1. Type or print LEGIBLY all answers. If the answer is "None" or "Not Applicable," so state.
2. Questions 12, 28, and 32 are optional and may be left blank. Question 35 may be answered orally.
3. If additional space is required for any answer, continue in Item 37, REMARKS.

SECTION I – PERSONAL DATA

1. SOCIAL SECURITY ACCOUNT NUMBER: 389-68-2583
2. NAME (Last, First, Middle): MAXWELL, KENNETH C
3. CURRENT ADDRESS (Street, City, County, State & ZIP): 4528 Parkway Drive

SERVICE: DAY

YES X NO

4528 Parkway Drive

JUMPS-RC ACCESSIONS AND PAY CHANGE DATA

6 SSN 389682583 NAME (LAST FIRST MI) MAXWELL KENNETH C

TPC STATE TAX SER SVC EXEM PAY GRADE YRS SVC PEBD DATE ASGN UNIT ID CODE ETS NOUNA DATE IN ES

Now, using your DA Form 4245, copy the name from above into columns 11-37.

Do not enter hyphens, spaces, or apostrophes in the last name. For example, Van Dyke would be posted into the "6" card with no space. O'Connell would be entered without the apostrophe. See the following illustrations.

JUMPS-RC ACCESSIONS AND PAY CHANGE DATA

6 SSN 389685324 NAME (LAST FIRST MI) VANDYKE

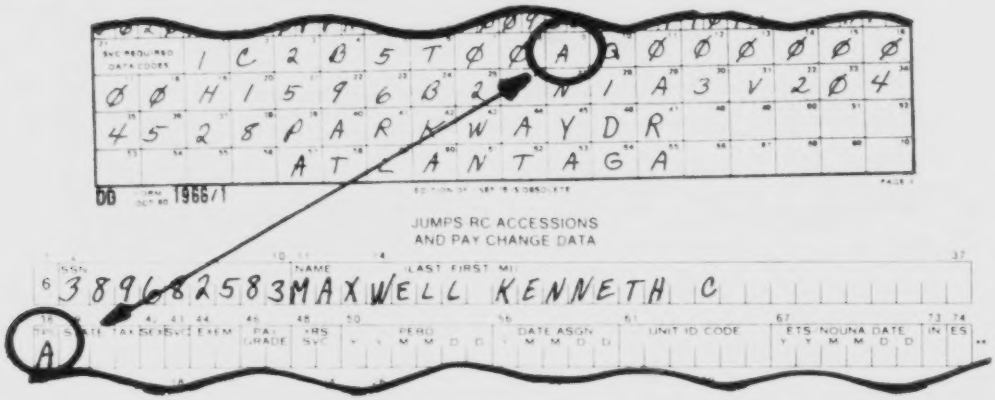
TPC STATE TAX SER SVC EXEM PAY GRADE YRS SVC PEBD DATE ASGN UNIT ID CODE ETS NOUNA DATE IN ES

JUMPS-RC ACCESSIONS AND PAY CHANGE DATA

6 SSN 390642855 NAME (LAST FIRST MI) OCONNELL

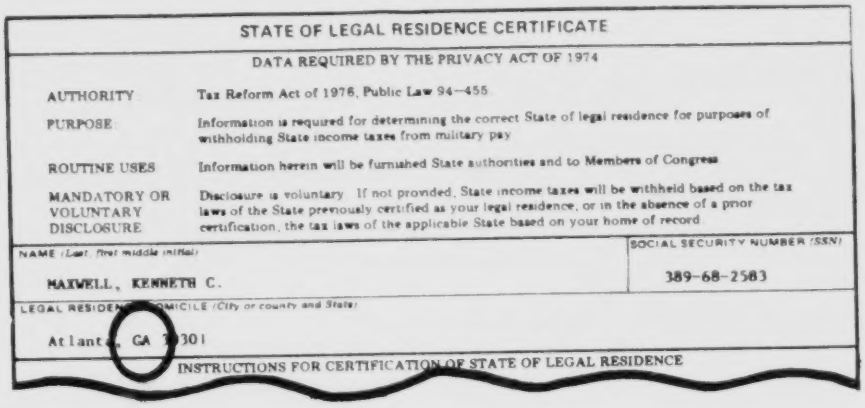
TPC STATE TAX SER SVC EXEM PAY GRADE YRS SVC PEBD DATE ASGN UNIT ID CODE ETS NOUNA DATE IN ES

In card column 38, enter the individual's Training Pay Category (TPC) code. Individuals who are ineligible for IDT pay are "coded" differently from those who are eligible. For example, a new, nonprior service enlisted person who is awaiting Basic Training is in TPC "L." Individuals in TPC "L" are ineligible for IDT pay. A new Troop Program Unit member with prior service is eligible for IDT pay and is placed in TPC "A." AR 37-104-10 contains a list of the TPCs. In the example below, Maxwell's TPC is "A." Usually, the code for this entry can be posted from block 21(9) of the Enlistment Contract (DD 1966/1). See the example below to see how a TPC is entered.



Enter the TPC code on your DA Form 4245.

Card columns 39-41 pertain to the State Tax Code. Find the member's State of Legal Residence on the DD Form 2058 and then find the State Tax Code in AR 37-104-10, Appendix B. Enter that code in columns 40-41. Place a zero (Ø) in column 39 because it is not used by the computer. Look at the illustrations below and see how Maxwell's tax data was entered.



STATE OF LEGAL RESIDENCE CERTIFICATE

DATA REQUIRED BY THE PRIVACY ACT OF 1974

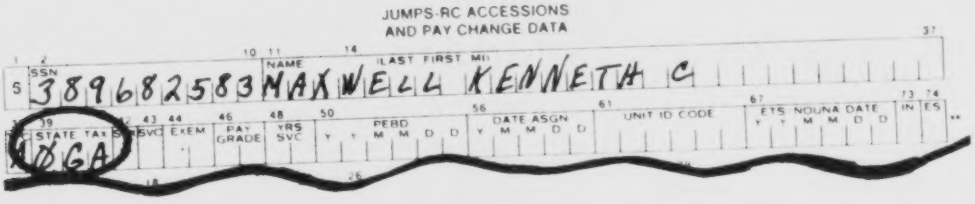
AUTHORITY	Tax Reform Act of 1976, Public Law 94—455
PURPOSE	Information is required for determining the correct State of legal residence for purposes of withholding State income taxes from military pay
ROUTINE USES	Information herein will be furnished State authorities and to Members of Congress
MANDATORY OR VOLUNTARY DISCLOSURE	Disclosure is voluntary. If not provided, State income taxes will be withheld based on the tax laws of the State previously certified as your legal residence, or in the absence of a prior certification, the tax laws of the applicable State based on your home of record.

NAME (Last, first, middle initial)	SOCIAL SECURITY NUMBER (SSN)
MAXWELL, KENNETH C.	389-68-2583

LEGAL RESIDENCE/DOMICILE (City or county and State)

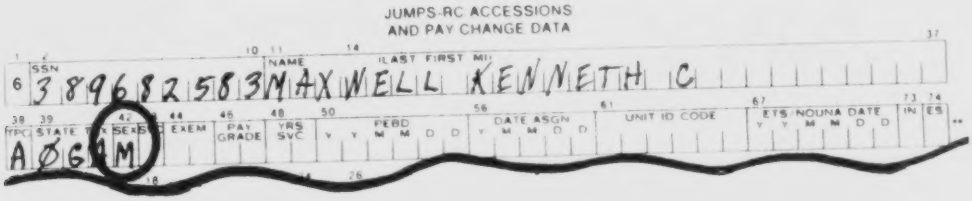
Atlanta, GA 30301

INSTRUCTIONS FOR CERTIFICATION OF STATE OF LEGAL RESIDENCE



Copy Maxwell's state code into card columns 39-41 of your DA Form 4245.

Enter either "M" for male or "F" for female in card column 42, SEX. See correct entry below.

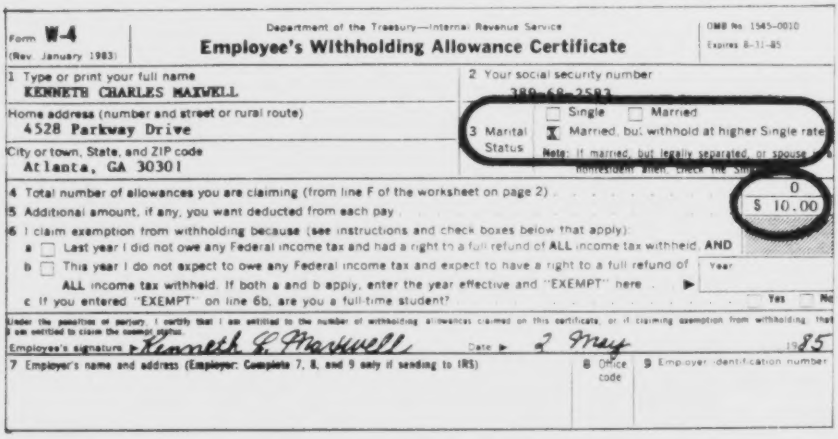


Record the sex in card column 42 on your form.

In card column 43, SVC (service component) the alpha character "V" is entered as an example below. The "V" is the SVC code for the U.S. Army Reserve.

Copy the service component (SVC) in card column 43 on your form.

For card columns 44-45, EXEM, refer to the member's IRS Form W-4. Each member normally completes this form upon arrival in the unit. Find his marital status in Item 3 of the W-4. Then in column 44, enter either an "M" for those who choose the Married option or an "S" for those who choose the Single option. Next, in card column 45, enter the number of personal exemptions claimed by the member. Exemptions are indicated in Item 4 of the W-4. Be sure to check Item 6 of the W-4 as well because you must enter an "N" in card column 45 if the member claims a total exemption from withholding taxes.



Form W-4 (Rev. January 1983)

Department of the Treasury—Internal Revenue Service

Employee's Withholding Allowance Certificate

OMB No. 1545-0010
Expires 8-31-85

1 Type or print your full name
KENNETH CHARLES MAXWELL

2 Your social security number
389-68-2583

Home address (number and street or rural route)
4528 Parkway Drive

3 Marital Status
☐ Single ☐ Married
☒ Married, but withhold at higher Single rate
Note: If married, but legally separated, or spouse is nonresident alien, check the Single box.

City or town, State, and ZIP code
Atlanta, GA 30301

4 Total number of allowances you are claiming (from line F of the worksheet on page 2) 0

5 Additional amount, if any, you want deducted from each pay . . . . . $ 10.00

6 I claim exemption from withholding because (see instructions and check boxes below that apply):

a ☐ Last year I did not owe any Federal income tax and had a right to a full refund of ALL income tax withheld, AND

b ☐ This year I do not expect to owe any Federal income tax and expect to have a right to a full refund of ALL income tax withheld. If both a and b apply, enter the year effective and "EXEMPT" here . . ▶ Year

c If you entered "EXEMPT" on line 6b, are you a full-time student? . . . . . ☐ Yes ☐ No

Under the penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or if claiming exemption from withholding, that I am entitled to claim the exempt status.

Employee's signature ▶ Kenneth C. Maxwell Date ▶ 2 May 1985

7 Employer's name and address (Employer: Complete 7, 8, and 9 only if sending to IRS)

8 Office code

9 Employer identification number

JUMPS-RC ACCESSIONS AND PAY CHANGE DATA

	SSN	NAME (LAST FIRST MI)	TPC	STATE TAX	SEX	EXEM	PAY GRADE	YRS SVC	PEBD	DATE ASGN	UNIT ID CODE	ETS/NOUNA DATE	IN	ES
6	389682583	MAXWELL KENNETH C	A	ØGA	M	S	Ø							

Copy Maxwell's entries for EXEM into card columns 44 and 45 of your "6" card.

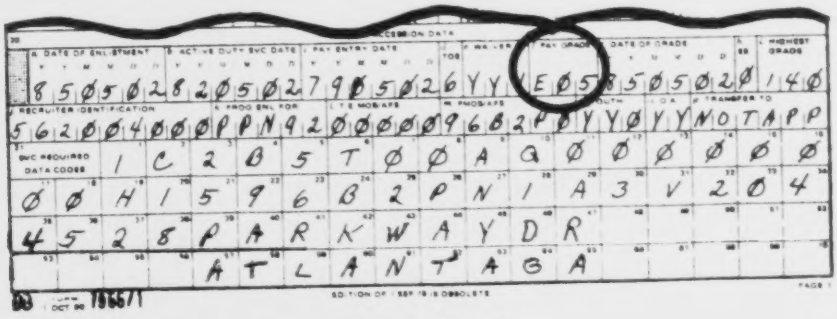
Locate PAY GRADE in Item 20f on the DD Form 1966/1 shown below and note the proper code has been recorded in columns 46-47. Pay grade codes taken from AR 37-104-10 are listed below.

Alpha characters (column 46)

E - Enlisted member
O - Officer
B - 2LT through CPT with over 4 years of active service as an enlisted member or as a warrant officer or a combination of the two grades.
W - Warrant officer

Digits (column 47)

1 - 9 for enlisted grades E1 through E9
1 - 8 for officer grades O1 through O8
1 - 3 for officer grades O1 through O3 with over 4 years of active enlisted and/or warrant officer service
1 - 4 for warrant officer grades W1 through W4



Copy Maxwell's pay grade into card columns 46-47 on your DA Form 4245.

Now, check your form to make sure all entries are correct. Did you slash all zeros (Ø)? Then go on to the next card columns, beginning on the following page.

Card columns 48-49, Years of Service (YRS SVC), 50-55, Pay Entry Basic Date (PEBD), and 56-60, Date Assigned (DATE ASGN) are all related.

In card columns 48-49, YRS SVC, enter the number of years of creditable service for basic pay purposes. To find YRS SVC, you will need to know the difference between two dates: the Pay Entry Basic Date (PEBD) and the "adjusted" Date Assigned.

The primary source document for the PEBD is the individual's Enlistment Contract, DD Form 1966/2. For officers with prior enlisted service, use DA Form 1506, Statement of Service, as the source for the PEBD. The source for Maxwell's PEBD is his DDF 1966/2: See the circled item in the example below.

25 VERIFICATION OF SERVICE

	YRS	MOS	g PEBD	h PCBD	i LAST RE CODE	j SPN SPD
TOT ACT MIL SVC	3	Ø	790502	82[illegible]502	RE 1	411
TOT INACT MIL SVC	3	Ø				

SECTION IV - OTHER BACKGROUND DATA

26 COMMERCIAL LIFE INSURANCE POLICIES (Optional Entry)

a NAME OF COMPANY ISSUING POLICY	b POLICY NUMBER
Prudential Life Insurance Co.	7Y685-193

27 EMPLOYMENT (Show all periods of employment and unemployment.)

a MONTH & YEAR FROM	a MONTH & YEAR TO	b NAME AND ADDRESS OF COMPANY	c JOB TITLE	d NAME OF SUPERVISOR
Jun68	Jun70	W.F. Stevens Hobby Imports 3968 Division St. Atlanta, GA 30303	Purchasing Agent	John Stevens
Jun70	Jun73	U.S. Army	Intelligence Analyst	LTC Tim Green
Jun73	Present	U.S. Postal Service Washington, D.C. 20500	Postal Inspector	Eugene Smith

DD FORM 1 SEP 78 1966/2 DD FORMS 1966/1 THRU 8, 1 SEP 78, REPLACE THE PREVIOUS EDITION OF THIS SERIES (1 AUG 75), WHICH IS OBSOLETE. PAGE 2

AR 37-104-10 lists six ways to figure the Date Assigned. Usually, however, the Date Assigned can be figured by "adjusting" the Enlistment/Reenlistment date given on the DD Form 4/1. Simply make the Date Assigned the last day of the month before the reenlistment.

As you can see on Maxwell's DD Form 4/1 shown on the next page, he reenlisted on 2 May 1985. His Date Assigned is adjusted to 30 April 1985--the last day of the previous month.

ENLISTMENT / REENLISTMENT DOCUMENT
ARMED FORCES OF THE UNITED STATES

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC 3331, 32 USC 708, 44 USC 708, 44 USC 3101, and Sections 133, 268, 275, 504, 508, 510, 591, 672 (d), 678, 937, 1007, 1071 through 1087, 1168, 1169, 1475 through 1480, 1553, 2107, 2122, 3012, 5031, 8012, 8033, 8498, and 9411 of 10 USC and in Executive Orders 9397, 10450, and 11652.

PRINCIPAL PURPOSES: To record enlistment or reenlistment into the U. S. Armed Forces. This information becomes a part of your military personnel records which are used to provide promotion, reassignment, training, medical support, and other personnel management actions for you. Your Social Security Number is necessary to identify you and your records, and to properly report your earnings as a member of the U. S. Armed Forces to the Social Security Administration. The data is FOR OFFICIAL USE ONLY and will be maintained in strict confidence in accordance with Federal law and regulations.

ROUTINE USES: To document your enlistment/reenlistment agreement with the U. S. Armed Forces, to record voluntary changes in your enlistment/reenlistment agreement, to determine dates of service and seniority, and for such other routine personnel management actions required to maintain normal career progression as a member of a component of the U. S. Armed Forces.

DISCLOSURE IS VOLUNTARY: However, failure to furnish information will result in denial of enlistment or reenlistment.

A. ENLISTEE / REENLISTEE IDENTIFICATION DATA

1. NAME (Last, First, Middle)	2. SOCIAL SECURITY NUMBER
MAXWELL, KENNETH CHARLES	389-68-2583
3. HOME OF RECORD (Street, City, State, ZIP Code)	4. PLACE OF ENLISTMENT/REENLISTMENT (Mil Installation, City, State)
[illegible], [illegible] 30301	Atlanta, GA 30301
5. DATE OF ENLISTMENT/REENLISTMENT (YYMMDD)	6. DATE OF BIRTH (YYMMDD)
85 May 2	45 Jun 18

7. PREV MIL SVC UPON ENL/REENLIST	YEARS	MONTHS	DAYS
a. Total Active Military Service	3	Ø	Ø
b. Total Inactive Military Service	3	Ø	Ø

B. AGREEMENTS

c. The agreements in this section [illegible] annex(es) are all the promises made to [illegible] Government. ANYTHING ELSE ANYONE HAS PROMISED ME IS NOT VALID AND WILL NOT BE HONORED.

(Initials of Enlistee/Reenlistee) _____ (Continued on reverse side.)

DD Form 4/1, 84 FEB — Previous editions are obsolete.

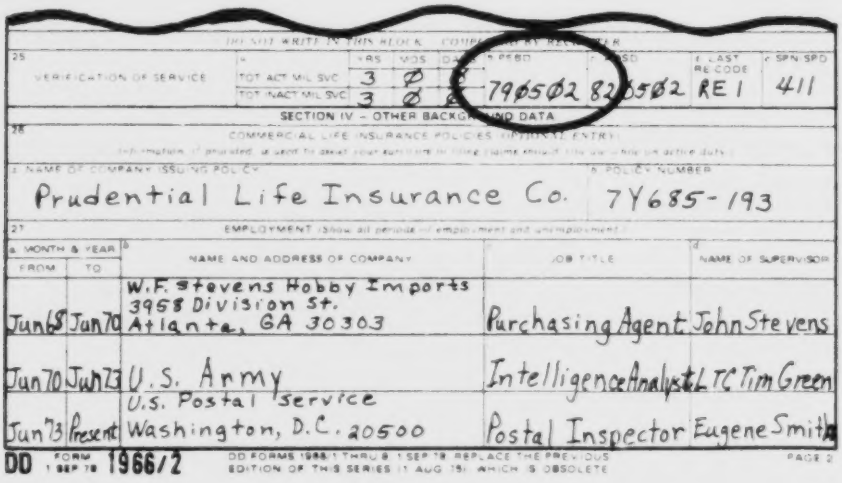
The "adjustment" is needed for computer reasons. (The other ways to figure DATE ASGN are explained later in this lesson.)

We now have the two dates that we need to figure Maxwell's YRS SVC, card columns 48-49. His PEBD is 2 May 1979. His Date Assigned is 30 April 1985. To get YRS SVC, subtract PEBD from his adjusted Date Assigned.

Year	Month	Day	
84	16		
~~85~~	~~04~~	30	(Adj. Date Asgn)
79	05	02	(PEBD)
5	11	28	YRS SVC

Enter Ø5 in card columns 48-49 of your "6" Card.

Card columns 50-55 are used to record the Pay Entry Basic Date, PEBD. The PEBD is listed on each member's DD 1966/2 in the same six number format -- Year (YY), Month (MM), Day (DD) -- required for entry on the "6" card. Simply transfer that date as is. In the example below, Maxwell's PEBD is 790502. The Year, "79," is entered in columns 50-51; the month "05," is entered in columns 52-53; and the day, "02," is entered in columns 54-55.



25 VERIFICATION OF SERVICE		YRS	MOS	DAYS	PEBD		LAST RE CODE	SPN SPD
	TOT ACT MIL SVC	3	Ø		790502	82 0502	RE I	411
	TOT NACT MIL SVC	3	Ø					

SECTION IV - OTHER BACKGROUND DATA

28 COMMERCIAL LIFE INSURANCE POLICIES (WITHOUT ENTRY)

a. NAME OF COMPANY ISSUING POLICY — b. POLICY NUMBER

Prudential Life Insurance Co. 7Y685-193

27 EMPLOYMENT (Show all periods of employment and unemployment.)

a. MONTH & YEAR FROM	TO	b. NAME AND ADDRESS OF COMPANY	JOB TITLE	d. NAME OF SUPERVISOR
Jun68	Jun70	W.F. Stevens Hobby Imports 3958 Division St. Atlanta, GA 30303	Purchasing Agent	John Stevens
Jun70	Jun73	U.S. Army	Intelligence Analyst	LTC Tim Green
Jun73	Present	U.S. Postal Service Washington, D.C. 20500	Postal Inspector	Eugene Smith

DD FORM 1 SEP 70 1966/2 — DD FORMS 1966/1 THRU 8, 1 SEP 70, REPLACE THE PREVIOUS EDITION OF THIS SERIES (1 AUG 19) WHICH IS OBSOLETE — PAGE 2

JUMPS-RC ACCESSIONS AND PAY CHANGE DATA

6 SSN 389682583 NAME (LAST FIRST MI) MAXWELL KENNETH C

TYC	STATE TAX	BENSVC	EXEM	PAY GRADE	PEBD	DATE ASGN	UNIT ID CODE	ETS/NOUNA DATE	IN	ES
A	ØG	AM	V	SØ	E5	790502				

Now copy the Pay Entry Basic Date in card columns 50-55 on your 6 card.

Card columns 56-60, DATE-ASGN, refers to the date that the member was assigned to the unit. The entry for DATE-ASGN (i.e., Date Assigned) is determined by using one of the following six criteria:

1) For a member assigned to the unit from a control group, enter the date shown on the assignment order.

2) For a member changing grade category, enter the effective date of the orders. For example, if a member changes from enlisted to warrant or commissioned officer, enter the date of the orders effecting the change.

3) If the member is a recruit, enter the date of enlistment as shown on DD Form 4 Series, Item 5.

4) If the member is reenlisting with a break in service of over 2 months, enter the date of reenlistment given on DD Form 4 Series, Item 5.

5) If the member's account was removed from the RCMPF and is being reestablished, enter the effective date of the reestablishment.

6) If the date on the orders is more than 1 month before the current entitlement month, adjust the date to the first day of the month before the current entitlement month. If this situation should arise at your unit, use Appendix C, AR 37-104-10, to determine the member's DATE-ASGN (Appendix C is shown below).

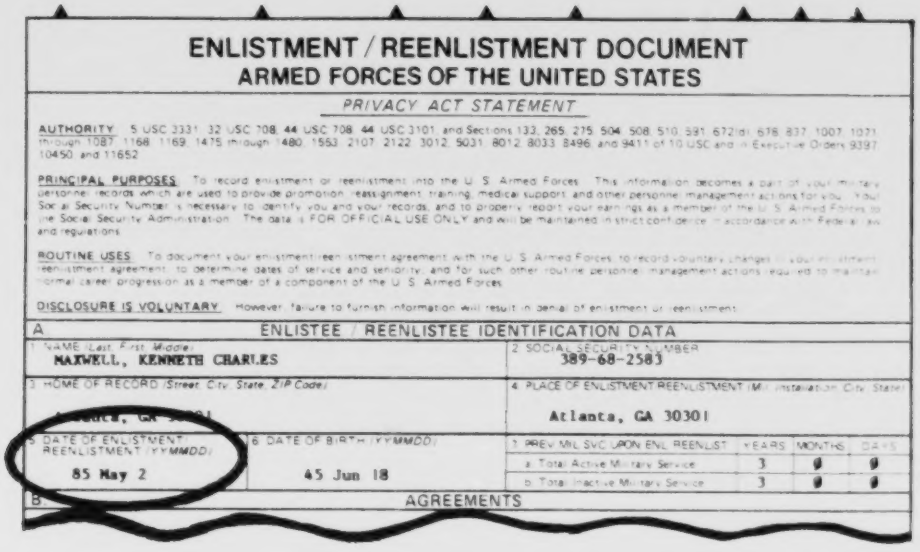
Appendix C
Explanation of Entitlement and Record Span Months

If the current calendar date falls within the period	Then the current entitlement month is	And the RCMPF record span is *
24 Jan-23 Feb	January	Aug-Jan
24 Feb-23 Mar	February	Sep-Feb
24 Mar-23 Apr	March	Oct-Mar
24 Apr-23 May	April	Nov-Apr
24 May-23 Jun	May	Dec-May
24 Jun-23 Jul	June	Jan-Jun
24 Jul-23 Aug	July	Feb-Jul
24 Aug-23 Sep	August	Mar-Aug
24 Sep-23 Oct	September	Apr-Sep
24 Oct-23 Nov	October	May-Oct
24 Nov-23 Dec	November	Jun-Nov
24 Dec-23 Jan	December	Jul-Dec

* The first month must be adjusted to the first record month shown in block 39 on the LES, if the account has been on the RCMPF for fewer than 6 months.

Enter the date as five numeric characters. In column 56 (Y), record the last digit of the year. In columns 57-58 (MM), enter the month expressed as Ø1 through 12. In columns 59-60 (DD), enter the day expressed as Ø1 through 31.

The following example shows that Maxwell's DATE-ASGN has been posted from the DD Form 4 Series to columns 56-60 of the "6" card.



ENLISTMENT / REENLISTMENT DOCUMENT
ARMED FORCES OF THE UNITED STATES

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC 3331, 32 USC 708, 44 USC 708, 44 USC 3101, and Sections 133, 265, 275, 504, 508, 510, 591, 672(d), 678, 837, 1007, 1071 through 1087, 1168, 1169, 1475 through 1480, 1553, 2107, 2122, 3012, 5031, 8012, 8033, 8496, and 9411 of 10 USC and in Executive Orders 9397, 10450, and 11652.

PRINCIPAL PURPOSES: To record enlistment or reenlistment into the U. S. Armed Forces. This information becomes a part of your military personnel records which are used to provide promotion, reassignment, training, medical support, and other personnel management actions for you. Your Social Security Number is necessary to identify you and your records, and to properly report your earnings as a member of the U. S. Armed Forces to the Social Security Administration. The data is FOR OFFICIAL USE ONLY and will be maintained in strict confidence in accordance with Federal law and regulations.

ROUTINE USES: To document your enlistment/reenlistment agreement with the U. S. Armed Forces, to record voluntary changes to your enlistment/reenlistment agreement, to determine dates of service and seniority, and for such other routine personnel management actions required to maintain normal career progression as a member of a component of the U. S. Armed Forces.

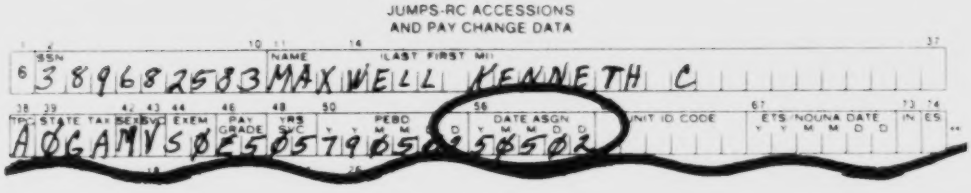
DISCLOSURE IS VOLUNTARY: However, failure to furnish information will result in denial of enlistment or reenlistment.

A. ENLISTEE / REENLISTEE IDENTIFICATION DATA

1. NAME (Last, First, Middle)	2. SOCIAL SECURITY NUMBER
MAXWELL, KENNETH CHARLES	389-68-2583
3. HOME OF RECORD (Street, City, State, ZIP Code)	4. PLACE OF ENLISTMENT/REENLISTMENT (Mil Installation, City, State)
[illegible], GA [illegible]	Atlanta, GA 30301
5. DATE OF ENLISTMENT/REENLISTMENT (YYMMDD) 85 May 2	6. DATE OF BIRTH (YYMMDD) 45 Jun 18

7. PREV MIL SVC UPON ENL/REENLIST	YEARS	MONTHS	DAYS
a. Total Active Military Service	3	0	0
b. Total Inactive Military Service	3	0	0

B. AGREEMENTS



JUMPS-RC ACCESSIONS
AND PAY CHANGE DATA

SSN	NAME (LAST FIRST MI)
6 389682583	MAXWELL KENNETH C

TPC	STATE TAX	SERSVC	EXEM	PAY GRADE	YRS SVC	PEBD	DATE ASGN	UNIT ID CODE	ETS/NOUNA DATE	IN	ES
A	ØGA	M	V	5	Ø	E5 0579	05 05 Ø2				

On your DA Form 4245, copy the date assigned in card columns 56-60.

Now check your Form to make sure all entries in card columns 48-60 have been made correctly. Did you remember to enter only one letter or number per card column? Let's go on to card columns 61-66.

In card columns 61-66, UNIT ID Code, record the six character Unit Identification Code. This code is found either on the Form 1966/1, Item 21, blocks 3 - 8, or on the orders. If it is taken from the individual's orders, modify it by dropping the first character ("W") and adding a zero (Ø) as the sixth character. See the illustrations on the following page.

DEPARTMENT OF THE ARMY
OFFICE OF THE ADJUTANT GENERAL
US ARMY RESERVE COMPONENTS PERSONNEL AND ADMINISTRATION CENTER
ST. LOUIS, MISSOURI 53132

AGUZ-PMTD-A
ORDERS 9-12345

11 Sep 85

Maxwell, Kenneth C.
4528 Parkway Drive
Atlanta, GA 30301

389-68-2583 SGT 35A59 MI
USAR Con GP (Rein)

YOU ARE REASSIGNED IN THE RESERVE AS INDICATED BELOW.

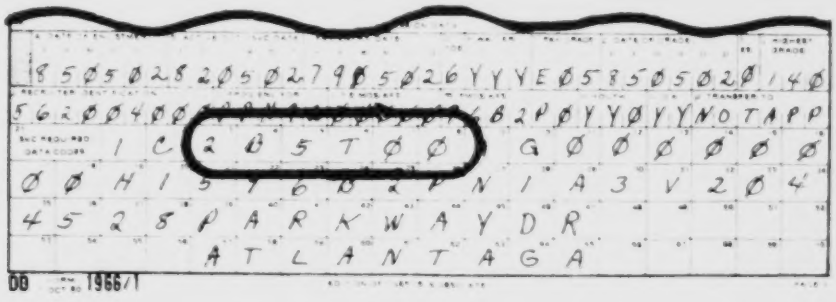
AUTHORITY PAR 2-2, AR 140-10
RELIEVED FROM USAR CONTROL GROUP REINFORCEMENT
REASON VOLUNTARY
ASSIGNED TO: GP #1, 7th MI DETACHMENT (ABN) (W2B5TD A) Atlanta, GA 30301
EFFECTIVE DATE: 9 Sep 85
ADDITIONAL INSTRUCTIONS: None
FORMAT 450

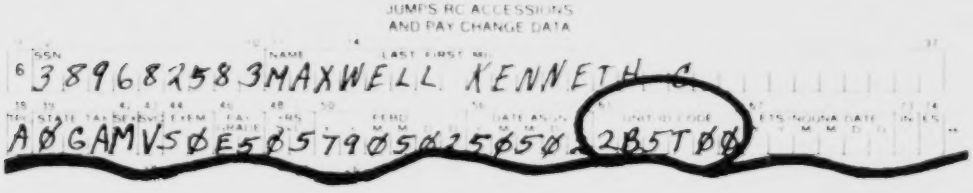
ROBERT S. YOUNG
BRIGADIER GENERAL, USAR
COMMANDING

DISTRIBUTION: G3 PLUS 1 CG 12 US ARMY

1 GP#1, 7th MI DETACHMENT (ABN) (W2B5TD A) Atlanta, GA 30301

If you take the Unit ID Code from the orders, drop the "W" and add a zero: 2B5TØØ.

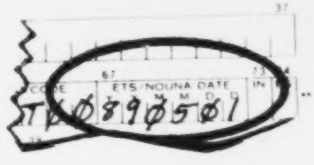




Copy the Unit Identification Code in <u>card columns 61-66</u> onto your DA 4245.

Card columns 67-72 (ETS/NOUNA DATE) serve one of two purposes, depending upon whether the member is an Enlisted person or an Officer. An ETS, Expiration of Term of Service, is used for Enlisted. NOUNA, Next Officer Uniform Allowance date is used for Officers. For Officers, record the next date that the Officer will be eligible for payment of his uniform allowance. This date is four years minus one day from the DATE-ASGN, columns 56-60. The example below illustrates the entry in columns 67-72 for an Officer.

85	05	02
+ 4		
89	05	02
		- 01
89	Ø5	Ø1



For Enlisted members, enter the Expiration of Term of Service (ETS) date. Find the ETS date by looking at DD Form 4/1, Section A, Number 5 and Section B, Number 8. Add the number of years of enlistment/reenlistment (Section B, Number 8) to the date in Section A, Number 5. Subtract one day from that sum and you have the ETS. In the example below, SGT Maxwell reenlisted for 6 years (Section B, Number 8). Adding 6 years to 2 May 85 (Section A, Number 5) gives 2 May 1991. Subtracting one day leaves it at 1 May 1991 - SGT Maxwell's new ETS.

ENLISTMENT / REENLISTMENT DOCUMENT
ARMED FORCES OF THE UNITED STATES

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC 3331, 32 USC 708, 44 USC 708, 44 USC 3101, and Sections 133, 265, 275, 504, 508, 510, 591, 672(d), 678, 937, 1007, 1071 through 1087, 1168, 1169, 1475 through 1480, 1553, 2107, 2122, 3012, 5031, 8012, 8033, 8496, and 9411 of 10 USC and E.O. Executive Orders 9397, 10450, and 11652.

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A. ENLISTEE / REENLISTEE IDENTIFICATION DATA

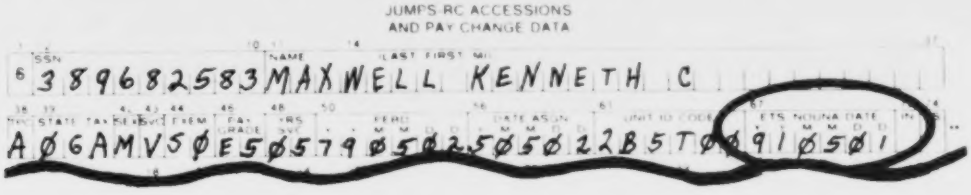
1. NAME (Last, First, Middle)	2. SOCIAL SECURITY NUMBER
MAXWELL, KENNETH CHARLES	389-68-2583
3. HOME OF RECORD (Street, City, State, ZIP Code)	4. PLACE OF ENLISTMENT/REENLISTMENT (Mil. Installation, City, State)
Atlanta, GA 30301	Atlanta, GA 30301

5. DATE OF ENLISTMENT/REENLISTMENT (YYMMDD)	6. DATE OF BIRTH (YYMMDD)	7. PREV. MIL. SVC. UPON ENL./REENLIST.	YEARS	MONTHS	DAYS
85 May 2	45 Jun 18	a. Total Active Military Service	3	Ø	Ø
		b. Total Inactive Military Service	3	Ø	Ø

B. AGREEMENTS

8. I am enlisting/reenlisting in the United States (last branch of service) Army Reserve for this date for 6 years and ____ weeks beginning in pay grade E-1. The additional details of my enlistment/reenlistment are in Section C and Annex(es) A

Enter the ETS on the "6" card in the YEAR (YY), MONTH (MM), DAY (DD) format. Use card columns 67-72. Be sure to put a zero (Ø) before single digit months (January through September) and days. SGT Maxwell's "6" card ETS/NOUNA entry should look like this: 91Ø5Ø1.

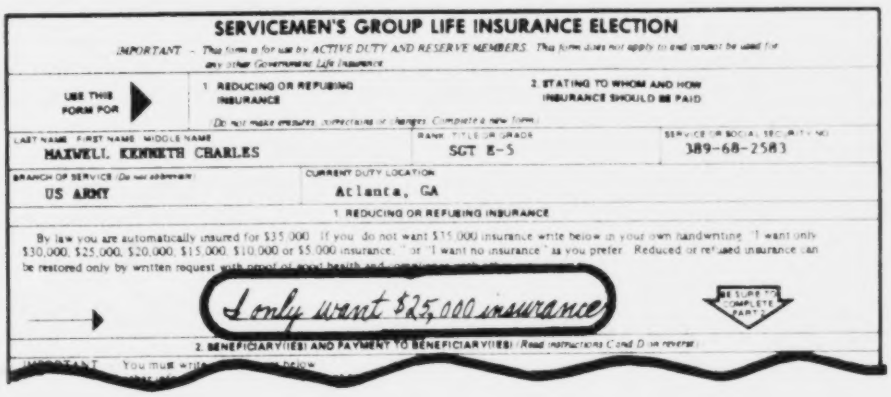


Copy Maxwell's ETS into columns 67-72 of your "6" card.

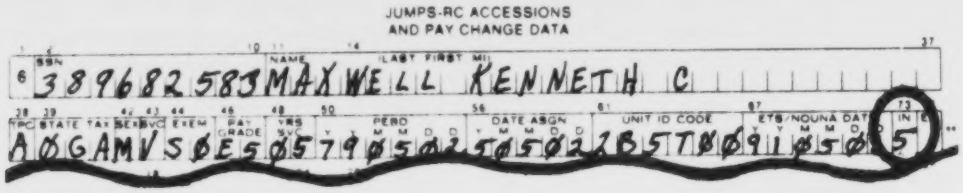
In card column 73, IN (Insurance), record the amount of Serviceman's Group Life Insurance (SGLI) coverage that a member is electing. Find the amount of SGLI that the member has by looking at his VA Form 29-8286. After you know the amount of SGLI, refer to AR 37-104-10 (page 9) to find the single-digit code to place into the IN block. For convenience, the SGLI codes are listed below.

Coverage	Code	Coverage	Code
Waived (None)	0	$20,000	4
$ 5,000	1	$25,000	5
$10,000	2	$30,000	6
$15,000	3	$35,000	7

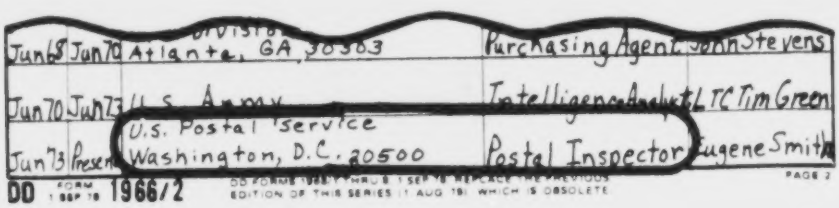
On the VA Form 29-8286 illustrated below, the circled section shows that SGT Maxwell wants $25,000 of insurance. The correct SGLI code, "5," is entered in column 73 on the "6" card shown on page 26.


SERVICEMEN'S GROUP LIFE INSURANCE ELECTION
IMPORTANT - This form is for use by ACTIVE DUTY AND RESERVE MEMBERS. This form does not apply to and cannot be used for any other Government Life Insurance.
USE THIS FORM FOR
1. REDUCING OR REFUSING INSURANCE
2. STATING TO WHOM AND HOW INSURANCE SHOULD BE PAID
Do not make erasures, corrections or changes. Complete a new form.
LAST NAME - FIRST NAME - MIDDLE NAME
MAXWELL KENNETH CHARLES
RANK, TITLE OR GRADE
SGT E-5
SERVICE OR SOCIAL SECURITY NO.
389-68-2583
BRANCH OF SERVICE (Do not abbreviate)
US ARMY
CURRENT DUTY LOCATION
Atlanta, GA
1. REDUCING OR REFUSING INSURANCE
By law you are automatically insured for $35,000. If you do not want $35,000 insurance, write below in your own handwriting "I want only $30,000, $25,000, $20,000, $15,000, $10,000 or $5,000 insurance," or "I want no insurance," as you prefer. Reduced or refused insurance can be restored only by written request with proof of good health and
I only want $25,000 insurance
BE SURE TO COMPLETE PART 2
2. BENEFICIARY(IES) AND PAYMENT TO BENEFICIARY(IES) (Read instructions Cond D on reverse)
IMPORTANT - You must

His insurance (IN) code is "5." Enter it on your form. See below.



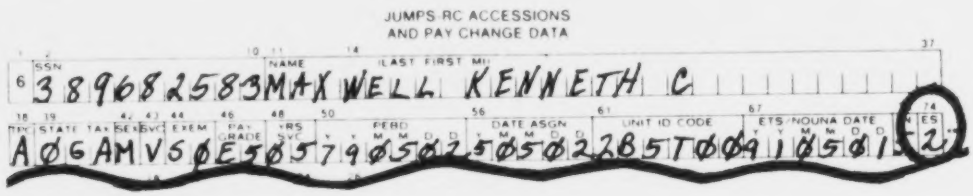
The "ES" in card column 74 means Employment Status. The ES for Enlisted members can be found on their enlistment contract--DD Form 1966/2; the ES for Officers can be found either on DA Form 2-1 or DA Form 3725. In a real situation, if you do not yet have those forms, then ask the person what their employment status is. Look at Maxwell's DD 1966/2 below; he is a Postal Inspector.


Jun68 Jun70 Atlanta, GA 30363 Purchasing Agent John Stevens
Jun70 Jun73 U.S. Army Intelligence Analyst LTC Tim Green
Jun73 Present U.S. Postal Service Washington, D.C. 20500 Postal Inspector Eugene Smith
DD 1966/2

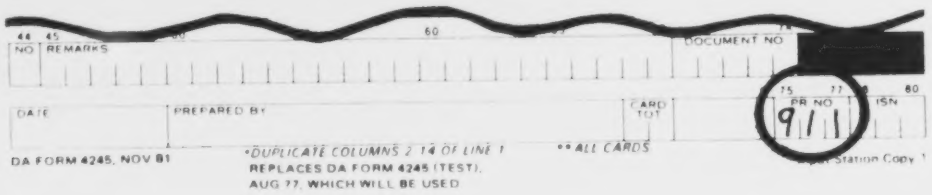
The member's Employment Status then has to be coded into column 74 of the "6" Card. The list shown below, taken from AR 37-104-10, explains the six ES codes:

0 - OTHER (none of the following)
1 - Unit technician
2 - Federal Government employee (other than unit technician)
3 - Selective Service unit/Federal Government employee (must be an officer)
4 - Selective Service unit/other (must be an officer)
5 - Selective Service unit/unit technician (must be an officer)

Maxwell's ES code is "2": Federal Government employee. His ES code is entered in column 74 of the "6" Card shown below. Enter Maxwell's ES code onto your form.



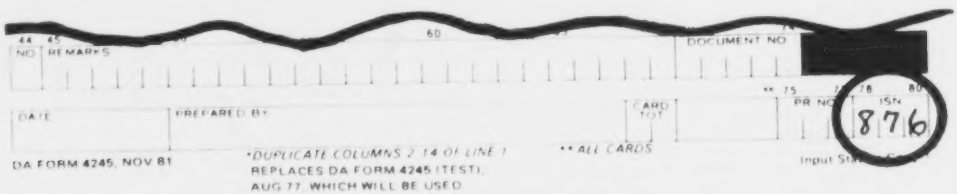
Let's move down to the bottom right corner of the DA 4245. The Input Station assigns each company a Payroll Number. Initial loads use the same PRN as existing members assigned to the same unit. Each unit's PRN is recorded in card columns 75-77 which are located at the bottom of the DA Form 4245.



Copy the "911" Payroll Number into card columns 75-77 of your form.

The last entry in the numbered card columns is the three-digit Input Station Number (ISN) for columns 78-80. Each unit sends their DA Forms 4245 to a designated Input Station. AR 37-104-10, Appendix D, lists all Input Station Numbers.

The example below shows how the ISN is entered.



Record the Input Station Number in card columns 78-80 on your DA Form 4245. Check all entries in card columns 61-74 to be sure they are correct. Are all of your entries legible? Now go on to the last entries on the form.

Enter the date and then sign your name in the "Prepared By" block. Enter Ø1 for card total (CARD TOT) since you have completed only the "6" card. Normally, each card, the "6," the "7," and each "8" are counted separately to get the card total. See the example below. Now copy this data on your DA 4245.

SELF-EVALUATION EXERCISE

Try a practice exercise now on completing the "6" card of DA Form 4245. Use a blank form to do the exercises. Please do not write in this book. Turn to page 30 to check your answers.

Exercise 1

SGT Susan Williams has been assigned to your unit and is to be accessed to the RCMPF. Use the illustration of DD Form 1966/1 below to obtain the necessary data. Using your blank DA Form 4245, enter Williams' name, social security number, and training pay category. When you have finished, go on to Exercise 2.

APPLICATION FOR ENLISTMENT – ARMED FORCES OF THE UNITED STATES — Form Approved OMB 0704-0065

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY	Title 10, United States Code, Sections 504, 505, 508, and 510, and Executive Order 9397
PRINCIPAL PURPOSE	To determine your eligibility for enlistment
ROUTINE USES	If you are enlisted, this form becomes the principal source document for, and a part of, your military personnel records which are used to make decisions related to your training, promotion, reassignment, and other personnel management actions.
DISCLOSURE	Voluntary; failure to answer all questions on this form except 12, 28, 32, and 35 may result in denial of your enlistment.

WARNING

Information provided by you on this form is FOR OFFICIAL USE ONLY and will be maintained and used in strict compliance with Federal law and regulation. The information provided by you becomes the property of the United States Government and it may be consulted throughout your military service career, particularly whenever either favorable or adverse administrative or disciplinary actions related to you are involved.

YOU CAN BE PUNISHED BY FINE, IMPRISONMENT OR BOTH IF YOU ARE FOUND GUILTY OF MAKING A KNOWING AND WILLFUL FALSE STATEMENT ON THIS APPLICATION

INSTRUCTIONS (*Read carefully BEFORE filling out this form.*)

1. Type or print LEGIBLY all answers. If the answer is "None" or "Not Applicable," so state.
2. Questions 12, 28, and 32 are optional and may be left blank. Question 35 may be answered orally.
3. If additional space is needed for any answer, continue it in Item 37, "REMARKS."

SECTION I – PERSONAL DATA

1. SOCIAL SECURITY ACCOUNT NUMBER	2. NAME (Last, First, Middle)						
090-52-6852	WILLIAMS, SUSAN L						
3. CURRENT ADDRESS				4. HOME OF RECORD			
508 South Kent Street Monroe County, Sparta WI			54656	508 South Kent Street Monroe County, Sparta WI			54656
5. CITIZENSHIP: ☒ U.S. BY BIRTH; ☐ U.S. BY NATURALIZATION; ☐ U.S. NATIONAL; ☐ NON-U.S.				6. SEX: ☐ MALE ☒ FEMALE	7. POPULATION GROUP: ☐ AM. IND OR AK. ☐ ASIAN ☒ WHITE ☐ BLACK ☐ OTHER		
8. ETHNIC GROUP	9. MARITAL STATUS	10. NO. OF DEPENDENTS		11. DATE OF BIRTH	12. RELIGIOUS PREFERENCE		13. EDUC. (Highest grade completed)
None	Single	1		47 11 14	Christian		13
14. SELECTIVE SERVICE INFORMATION			15. FOREIGN LANGUAGE AND SKILL		16. DRIVER'S LICENSE INFORMATION		
NUMBER: 12-98-65-372 ☐ NOT REGISTERED	CLASS: 1A		☐ SPEAK ☐ WRITE ☐ READ	None	STATE: WI	NUMBER: C140644026	EXP. DATE: Apr 84

DO NOT WRITE IN THIS SECTION (Go on to Item 22)

SECTION II – EXAMINATION AND ENLISTMENT DATA PROCESSING CODES FOR OFFICE USE ONLY

17. MENTAL TEST RESULTS

17a. TEST ID	17b. AFQT %ILE	ASVAB R & V	ASVAB M & S																				17c. TEST SITE
06	80			35	66	43	16	61	26	21	07	30	35	59									3L1P

18. MEDICAL RESULTS

18.	18a. HT	18b. WT	18c. BLOOD PRESSURE SYSTOLIC	DIASTOLIC	18d. HAIR COLOR	18e. EYE COLOR	18f. VISUAL ACUITY UNCORRECTED	CORRECTED	18g. COLOR VISION
	11	141	116	120	120	075	Brown	Blue	RT 20/ 20 LT 20/ 20	RT 20/ — LT 20/ —	Normal

19. DELAYED ENL ENTRY DATA

19a. DATE OF ENLISTMENT	19b. PROJECTED DATA DATE	19c. RECRUITER IDENTIFICATION	19d. PROG ENL FOR	19e. MOS/AFS
NA	NA	NA	NA	NA

20. ACCESSION DATA

20a. DATE OF ENLISTMENT	20b. ACT. OF SVC DATE	PAY ENTRY DATE	20c. MILITARY SERVICE	PAY GRADE	20d. DATE OF GRADE	20e. HIGHEST GRADE
850609	820609	790609	6	YYYE	058506	090140

20f. RECRUITER IDENTIFICATION	20g. PROG ENL FOR	20h. MOS/AFS	20i. MOS/AFS	20j. YOUTH	20k.	20l. TRANSFER TO
392090000PPN	92	000000	91B8P	0	YY	0	YY	NO	TAP P

20m. SVC REQUIRED DATA CODES														
	1	C	R	J	Z	T	0	0	A	Q	0	0	0	0	0	0
0	0	H	2	9	8	6	B	3	P	N	1	A	5	V	2	0	3
5	0	8	S	O	U	T	H	K	E	N	T	S	T	R	E	E	T
				S	P	A	R	T	A	W	1						

DD FORM OCT 80 1966/1 — EDITION OF SEP 79 IS OBSOLETE — PAGE 1

Exercise 2

Using the information on the illustrations on this page and the next page, enter the proper data into columns 39-49 of your form.

STATE OF LEGAL RESIDENCE CERTIFICATE

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Tax Reform Act of 1976, Public Law 94—455.

PURPOSE: Information is required for determining the correct State of legal residence for purposes of withholding State income taxes from military pay.

ROUTINE USES: Information herein will be furnished State authorities and to Members of Congress.

MANDATORY OR VOLUNTARY DISCLOSURE: Disclosure is voluntary. If not provided, State income taxes will be withheld based on the tax laws of the State previously certified as your legal residence, or in the absence of a prior certification, the tax laws of the applicable State based on your home of record.

NAME (Last, first, middle initial)	SOCIAL SECURITY NUMBER (SSN)
WILLIAMS, SUSAN L.	090-52-6852

LEGAL RESIDENCE/DOMICILE (City or county and State)

Sparta, WI

SIGNATURE	CURRENT MAILING ADDRESS (Include ZIP Code)	DATE
Susan L. Williams	508 South Kent Street Sparta, WI 54656	9 July 1985

DD FORM 1 FEB 77 2058

Form W-4 (Rev. January 1983)

Department of the Treasury—Internal Revenue Service

Employee's Withholding Allowance Certificate

OMB No. 1545-0010
Expires 8-31-85

1 Type or print your full name: SUSAN LEE WILLIAMS

2 Your social security number: 090-52-6852

Home address (number and street or rural route): 508 South Kent Street

3 Marital Status: [X] Single [ ] Married [ ] Married, but withhold at higher Single rate

Note: If married, but legally separated, or spouse is a nonresident alien, check the Single box.

City or town, State, and ZIP code: Sparta, WI 54656

4 Total number of allowances you are claiming (from line F of the worksheet on page 2) . . . 0

5 Additional amount, if any, you want deducted from each pay . . . $ 5.00

6 I claim exemption from withholding because (see instructions and check boxes below that apply):

a [ ] Last year I did not owe any Federal income tax and had a right to a full refund of ALL income tax withheld, AND

b [ ] This year I do not expect to owe any Federal income tax and expect to have a right to a full refund of ALL income tax withheld. If both a and b apply, enter the year effective and "EXEMPT" here . . . ▶ Year

c If you entered "EXEMPT" on line 6b, are you a full-time student? [ ] Yes [ ] No

Under the penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or if claiming exemption from withholding, that I am entitled to claim the exempt status.

Employee's signature ▶ Susan L Williams Date ▶ 9 Jul 1985

7 Employer's name and address (Employer: Complete 7, 8, and 9 only if sending to IRS)

8 Office code

9 Employer identification number

| | | |

SELF-EVALUATION EXERCISE

25 VERIFICATION OF SERVICE		a YRS	MOS	DAYS	b PEBD	c ADSD	d LAST RE CODE	e SPN/SPD
	TOT ACT MIL SVC	3	Ø	Ø	790609	820609	RE1	511
	TOT INACT MIL SVC	3	Ø	Ø				

SECTION IV - OTHER BACKGROUND DATA

28 COMMERCIAL LIFE INSURANCE POLICIES (OPTIONAL ENTRY)

(Information, if provided, is used to assist your survivors in filing claims should you die while on active duty.)

a NAME OF COMPANY ISSUING POLICY	b POLICY NUMBER
Republic Life Insurance Co.	6389451

27 EMPLOYMENT (Show all periods of employment and unemployment.)

a MONTH & YEAR FROM	TO	b NAME AND ADDRESS OF COMPANY	c JOB TITLE	d NAME OF SUPERVISOR
Jun68	Jun70	Northern Engraving 512 South Water Street Sparta, WI 54656	Clerk-typist	Tom Mitchell
Jun70	Jun73	U.S. Army	Personnel Records Specialist	LTC Brian Allen
Jun73	Present	Heileman Brewery LaCrosse, WI 54601	Administrative Assistant	Harold Gray

DD FORM 1 SEP 76 1966/2 DD FORMS 1966/1 THRU 8, 1 SEP 76, REPLACE THE PREVIOUS EDITION OF THIS SERIES (1 AUG 75), WHICH IS OBSOLETE. PAGE 2

ES Codes:
0 - OTHER (none of the following)
1 - Unit technician
2 - Federal Government employee (other than unit technician)
3 - Selective Service unit/Federal Government employee (must be an officer)
4 - Selective Service unit/other (must be an officer)
5 - Selective Service unit/unit technician (must be an officer)

ENLISTMENT / REENLISTMENT DOCUMENT
ARMED FORCES OF THE UNITED STATES

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC 3331, 32 USC 708, 44 USC 3101, and Sections 132, 265, 275, 504, 508, 510, 591, 672(d), 678, 837, 1007, 1071 through 1087, 1168, 1169, 1475 through 1480, 1553, 2107, 2122, 3012, 5031, 8012, 8033, 8496, and 9411 of 10 USC and in Executive Orders 9397, 10450, and 11652.

PRINCIPAL PURPOSES: To record enlistment or reenlistment into the U.S. Armed Forces. This information becomes a part of your military personnel records which are used to provide promotion, reassignment, training, medical support, and other personnel management actions for you. Your Social Security Number is necessary to identify you and your records, and to properly report your earnings as a member of the U.S. Armed Forces to the Social Security Administration. The data is FOR OFFICIAL USE ONLY and will be maintained in strict confidence in accordance with Federal law and regulations.

ROUTINE USES: To document your enlistment, reenlistment agreement with the U.S. Armed Forces, to record voluntary changes in your enlistment/reenlistment agreement, to determine dates of service and seniority, and for such other routine personnel management actions required to maintain normal career progression as a member of a component of the U.S. Armed Forces.

DISCLOSURE IS VOLUNTARY: However, failure to furnish information will result in denial of enlistment or reenlistment.

A. ENLISTEE / REENLISTEE IDENTIFICATION DATA

1 NAME (Last, First, Middle)	2 SOCIAL SECURITY NUMBER
WILLIAMS, SUSAN LEE	090-52-6852
3 HOME OF RECORD (Street, City, State, ZIP Code)	**4 PLACE OF ENLISTMENT/REENLISTMENT (Mil Installation, City, State)**
Sparta, WI 54656	Sparta, WI 54656
5 DATE OF ENLISTMENT, REENLISTMENT (YYMMDD)	**6 DATE OF BIRTH (YYMMDD)**
85 Jun 9	47 Nov 14

7 PREV MIL SVC UPON ENL/REENLIST	YEARS	MONTHS	DAYS
a Total Active Military Service	3	Ø	Ø
b Total Inactive Military Service	3	Ø	Ø

B. AGREEMENTS

8. I am enlisting/reenlisting in the United States (1st branch of service) Army Reserve for this date for 6 years and ___ weeks beginning in pay grade E-5. The additional details of my enlistment/reenlistment are in Section C and Annex(es) A.

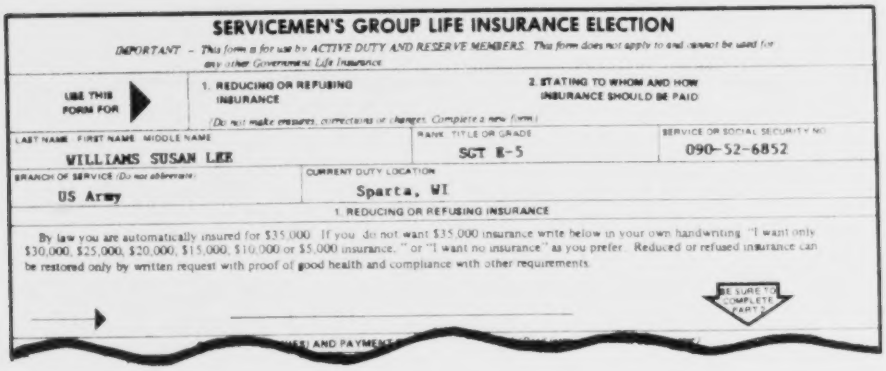
c. The agreements in this section and attached annex(es) are all the promises made to me by the Government. ANYTHING ELSE ANYONE HAS PROMISED ME IS NOT VALID AND WILL NOT BE HONORED. *(Continued on reverse side.)*

(Initials of Enlistee/Reenlistee) _____

DD Form 4/1, 84 FEB — *Previous editions are obsolete.*

Exercise 3

The illustration below and those on pages 27-28 will provide the data you need to complete columns 50-74. Review the illustrations and make the proper entries on your DA Form 4245. SGLI codes are listed below.



SERVICEMEN'S GROUP LIFE INSURANCE ELECTION

IMPORTANT – This form is for use by ACTIVE DUTY AND RESERVE MEMBERS. This form does not apply to and cannot be used for any other Government Life Insurance.

USE THIS FORM FOR ▶ 1. REDUCING OR REFUSING INSURANCE — 2. STATING TO WHOM AND HOW INSURANCE SHOULD BE PAID

(Do not make erasures, corrections or changes. Complete a new form.)

LAST NAME - FIRST NAME - MIDDLE NAME	RANK, TITLE OR GRADE	SERVICE OR SOCIAL SECURITY NO.
WILLIAMS SUSAN LEE	SGT E-5	090-52-6852

BRANCH OF SERVICE *(Do not abbreviate)*	CURRENT DUTY LOCATION
US Army	Sparta, WI

1. REDUCING OR REFUSING INSURANCE

By law you are automatically insured for $35,000. If you do not want $35,000 insurance write below in your own handwriting "I want only $30,000, $25,000, $20,000, $15,000, $10,000 or $5,000 insurance," or "I want no insurance" as you prefer. Reduced or refused insurance can be restored only by written request with proof of good health and compliance with other requirements.

▶ _____

BE SURE TO COMPLETE PART 2

Coverage	Code	Coverage	Code
Waived (None)	0	$20,000	4
$ 5,000	1	$25,000	5
$10,000	2	$30,000	6
$15,000	3	$35,000	7

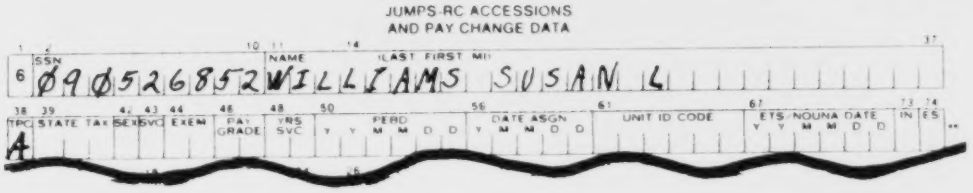
Exercise 4

On the bottom of your DA 4245, enter the date, sign your name, and complete the card total. Post the payroll number, 625, and the input station number, 876.

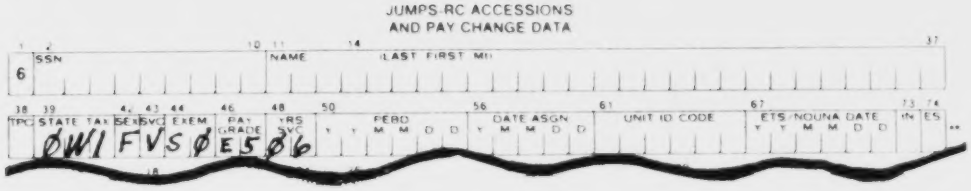
ANSWERS TO SELF-EVALUATION EXERCISE

Compare your form to the "6" cards below showing the proper entry of the data.

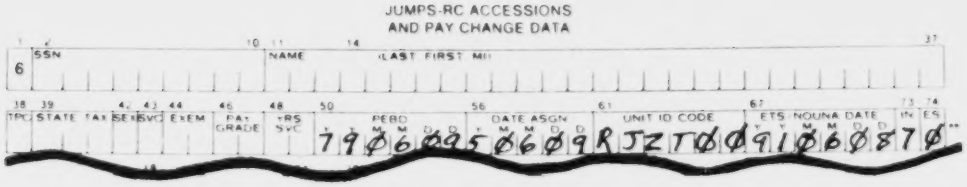
Exercise 1


JUMPS-RC ACCESSIONS
AND PAY CHANGE DATA
6 SSN Ø9Ø526852 NAME (LAST FIRST MI) WILLIAMS SUSAN L
TPC A
STATE TAX SER SVC EXEM PAY GRADE YRS SVC PERD DATE ASGN UNIT ID CODE ETS/NOUNA DATE IN ES

Exercise 2


JUMPS-RC ACCESSIONS
AND PAY CHANGE DATA
6 SSN NAME (LAST FIRST MI)
TPC STATE TAX SER SVC EXEM PAY GRADE YRS SVC PERD DATE ASGN UNIT ID CODE ETS/NOUNA DATE IN ES
ØWI FVSØE5Ø6

Exercise 3


JUMPS-RC ACCESSIONS
AND PAY CHANGE DATA
6 SSN NAME (LAST FIRST MI)
TPC STATE TAX SER SVC EXEM PAY GRADE YRS SVC PERD DATE ASGN UNIT ID CODE ETS/NOUNA DATE IN ES
79Ø6Ø95Ø6Ø9RJZTØØ91Ø6Ø87Ø

Exercise 4

NO REMARKS
DOCUMENT NO
DATE 10 May 85
PREPARED BY adam S. Technician
CARD TYPE Ø1
PR NO 625876
ISN
DA FORM 4245, NOV 81
*DUPLICATE COLUMNS 2-14 OF LINE 1
**ALL CARDS
REPLACES DA FORM 4245 (TEST), AUG 77, WHICH WILL BE USED.
Input Station Copy 1

Guidelines for Input Preparation

Prepare two copies of DA Form 4245. Send the original to the input station. Keep the duplicate copy in the member's Personal Financial Record (PFR) until you receive the Leave and Earnings Statement (LES). Verify the duplicate against the LES to ensure the action was accepted and processed correctly. When verification is completed, destroy the duplicate DA Form 4245 and file the duplicate copy of the LES in the PFR. Use the following guidelines when preparing DA Form 4245:

1) Use blue or black ink; preferably blue for contrast. Do not use red.

2) Enter only one character per card column (CC).

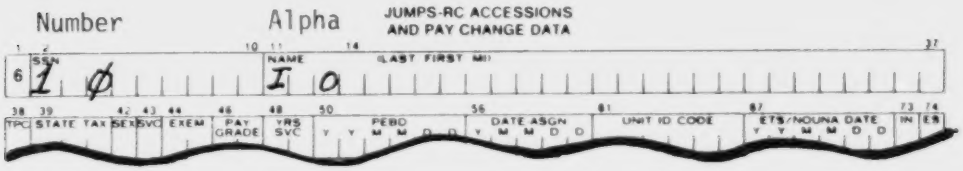
3) Print clearly using the large block alpha characters shown below:

   A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

4) Use only the following numeric characters to distinguish from alpha characters:

   Ø 1 2 3 4 5 6 7 8 9

5) Distinguish between alpha "I" and the number "1," and the alpha "O" and the number "Ø"; always slash the zero. See the illustrations shown below.



Other alpha and numbers to use with care include:

a. Alpha "S" and the number "5."

b. Alpha "Z" and the number "2."

c. Alpha "U" and alpha "V."

d. Alpha "D" and alpha "O."

You have now finished this lesson. You should be able to enter pay related personnel data in the correct columns on the "6" card section of DA Form 4245. If you have had problems answering any questions, review the lesson again. When you are ready, take the Pre/Post-Test.

PRE/POST-TEST ANSWER KEY

Each answer or part of an answer has a value of one point as indicated. The total possible score is 10 points. A passing score is 8 points or more.

1. CC 2-38 (1 point)
2. CC 39-41 (1 point)
3. CC 42-45 (1 point)
4. CC 46-49 (1 point)
5. CC 50-60 (1 point)
6. CC 61-66 (1 point)
7. CC 67-72 (1 point)
8. CC 73-74 (1 point)
9. Date, name, card total (1 point)
10. CC 75-80 (1 point)